

ISBVI Medical Information Form
Academic Year 2020-2021

Name: _____ DOB: _____ Gender: ☐ Female ☐ Male

Please all that apply to your child.

Medical Conditions/Illness:

1. ☐ Eye Condition/Vision Problems
 - a. Diagnosis: _____
 - b. Does your child use: ☐ Glasses ☐ Contacts ☐ No corrective eyewear
2. ☐ Asthma
 - a. If YES, does your child have a rescue inhaler? ____ YES ____ NO
 - b. If applicable, please provide an Asthma Action Plan from your provider
3. ☐ Allergies
 - a. If YES, does your child experience Anaphylaxis or a severe life-threatening reaction? ____ YES ____ NO
 - b. Allergen: _____
 - c. If an Epi-Pen is required, please provide a personal supply and provider order (this can be the prescription instructions)
 - d. If applicable, please provide an Anaphylaxis Action Plan from your provider
4. ☐ Cerebral Shunt
 - a. If YES, which side? ☐ RIGHT ☐ LEFT
5. ☐ Digestive disorders. Explain: _____
 - a. If your child requires enteral/ G-tube feedings, please have your provider fill out a G-tube Feeding Action Plan
6. ☐ Diabetes. Does your child require insulin? ____ YES ____ NO
 - a. If YES, please provide the name of medications: _____
7. ☐ Hearing Problems
 - a. If YES, does your child use hearing aids ____ YES ____ NO
8. ☐ Seizures. Date of last seizure: _____
 - a. If your child requires Diastat (Diazepam Rectal Suppository) as part of treatment, please provide a supply and provider order (this can be the prescription instructions)
 - b. Please provide a Seizure Action Plan from your provider
9. ☐ Other medical conditions that may impact school performance or program participation. Explain: _____

Past Medical History:

- ☐ Hospitalizations. If YES, please include reason and dates: _____
- ☐ Surgery. If YES, please include type and dates: _____

Restrictions:

- ☐ Activity Restrictions. If YES, please explain: _____
- ☐ Dietary Restrictions. If YES, please explain: _____

****APPLIES TO ALL STUDENTS****

PLEASE PROVIDE A CURRENT IMMUNIZATION RECORD FROM YOUR CHILD'S PROVIDER. If your child is exempt due to religious or medical reasons. Please provide the appropriate documentation.

Parent/Guardian Signature: _____ Date: _____